

<i>SERFF Tracking Number:</i>	<i>ACEH-125514452</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-CIM-2007555</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>08-CIM-2007555</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555</i>		

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 08-CIM-2007555

TOI: 09.0 Inland Marine

Sub-TOI: 09.0003 Electronic Data Processing (EDP)

Filing Type: Form

SERFF Tr Num: ACEH-125514452

SERFF Status: Closed

Co Tr Num: 08-CIM-2007555

Co Status:

Authors: Karen Schwabe, Renice Cox

Date Submitted: 02/28/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/06/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Program Reauthorization Act - Status of Filing in Domicile: Digital DNA Program

Project Number: 08-CIM-2007555

Reference Organization:

Reference Title:

Filing Status Changed: 03/06/2008

State Status Changed: 03/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) and to amend the current terrorism exclusion to apply only to certified acts of terrorism. In addition, we are adding a rule to apply a premium charge of 4% of the policy premium when a policyholder elects coverage for certified acts of terrorism coverage. ACE has assessed this program's exposure to loss under TRIA and, as a result, is making a revision to charge for this coverage.

SERFF Tracking Number: ACEH-125514452 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-CIM-2007555
TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)
Product Name: 08-CIM-2007555
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555

Company and Contact

Filing Contact Information

Renice Cox, Regulatory Specialist renice.cox@ace-ina.com
436 Walnut Street, WB04G (215) 640-4876 [Phone]
Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
PO Box 1000 Group Code: 626 Company Type:
436 Walnut Street
Philadelphia, PA 19106 Group Name: State ID Number:
(215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	02/28/2008	18224981

SERFF Tracking Number:	ACEH-125514452	State:	Arkansas
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Company Tracking Number:	08-CIM-2007555		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
Product Name:	08-CIM-2007555		
Project Name/Number:	Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/06/2008	03/06/2008

<i>SERFF Tracking Number:</i>	<i>ACEH-125514452</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>08-CIM-2007555</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555</i>		

Disposition

Disposition Date: 03/06/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ACEH-125514452	State:	Arkansas
Filing Company:	ACE American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-CIM-2007555		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
Product Name:	08-CIM-2007555		
Project Name/Number:	Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	TRIPRA Expedited Filing Form	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Cap On Losses From Certified Acts Of Terrorism	Approved	Yes
Form	Exclusion Of Certified Acts Of Terrorism	Approved	Yes
Form	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	Approved	Yes
Form	POLICYHOLDER DISCLOSURENOTICE OF TERRORISM INSURANCE COVERAGE	Approved	Yes

SERFF Tracking Number: ACEH-125514452 State: Arkansas

Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-CIM-2007555

TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)

Product Name: 08-CIM-2007555

Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cap On Losses From Certified Acts Of Terrorism	DNA-23708	01/08	Endorsement/Amendment/Conditions	New	0.00	DNA23708_01-08_08-CIM-2007555.pdf
Approved	Exclusion Of Certified Acts Of Terrorism	DNA-23709	01/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 DNA-18353 (05/05) Previous Filing #:06-CIM-399	0.00	DNA23709_01-08_08-CIM-2007555.pdf
Approved	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	TRIA11B	01/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 TRIA11A Previous Filing #:06-CIM-399	0.00	TRIA11b_01-08_08-CIM-2007555.pdf
Approved	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	TRIA15C	01/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 TRIA15a (04/06) Previous Filing #:06-CIM-399	0.00	TRIA15c_01-08_08-CIM-2007555.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Cap On Losses From Certified Acts Of Terrorism

A. Cap On Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and **We** have met **Our** insurer deductible under the Terrorism Risk Insurance Act, **We** shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application Of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this **Policy**.

All other terms and conditions of this **Policy** remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Exclusion Of Certified Acts Of Terrorism

A. The following definition is added with respect to the provisions of this endorsement:

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

B. The following exclusion is added:

CERTIFIED ACT OF TERRORISM EXCLUSION

We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

C. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this **Policy**.

All other terms and conditions of this **Policy** remain unchanged.

Authorized Representative

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in this endorsement or in the policy Declarations.

Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Terrorism Risk Insurance Act premium: \$_____.

Authorized Agent



Insurance Company

Policyholder

Policy Number

Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You were notified that under the Terrorism Risk Insurance Act, as amended, that you have the right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury---in concurrence with the Secretary of State, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, SUCH POLICIES MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, COVERAGE MAY BE REDUCED.

You elected **NOT** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL **NOT** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of \$_____, however you elected to decline such coverage.

<i>SERFF Tracking Number:</i>	<i>ACEH-125514452</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-CIM-2007555</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>08-CIM-2007555</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125514452 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-CIM-2007555
TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)
Product Name: 08-CIM-2007555
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act - Digital DNA Program/08-CIM-2007555

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 03/06/2008

Comments:

Attachment:

NAIC Transmittal Document - Form.pdf

Satisfied -Name: TRIPRA Expedited Filing Form
Review Status: Approved 03/06/2008

Comments:

Attachment:

TRIPRA Expedited Filing Form.pdf

Satisfied -Name: Cover Letter
Review Status: Approved 03/06/2008

Comments:

Attachment:

cover letter - Forms.pdf

Satisfied -Name: Filing Memorandum
Review Status: Approved 03/06/2008

Comments:

Attachment:

Filing Memo 08-CIM-2007555 - Forms.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728

5. Company Tracking Number	08-CIM-2007555
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Renice Cox 436 Walnut Street Philadelphia, Pa 19106	Regulatory Specialist	215.640.4876	215.640.4986	renice.cox@ace-ina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Renice Cox

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Electronic Data Processing
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Digital DNA Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-CIM-2007555
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) and to amend the current terrorism exclusion to apply only to certified acts of terrorism. In addition, we are adding a rule to apply a premium charge of 4% of the policy premium when a policyholder elects coverage for certified acts of terrorism coverage. ACE has assessed this program's exposure to loss under TRIA and, as a result, is making a revision to charge for this coverage.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: n/a Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
510 Walnut Street Philadelphia, PA 19106	215-640-4876	215-640-4986	Renice.cox@ace-ina.com

Filing information

Line of Insurance (see attachment)	Inland Marine
Company Program Title (Marketing title) (if applicable)	Digital DNA Program
Filing Type ** see note below	Forms
This application is used with:	DNA-18351 (05/05)
Effective Date Requested	01/01/2008
Filing date	02/28/2008
Company Tracking Number	08-CIM-2007555
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Disclosure Pursuant To Terrorism Risk Insurance Act (Note: Mandatory when policyholder elects TRIA coverage)	TRIA11b (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TRIA11a (02/06)	
02	Cap On Losses From Certified Acts Of Terrorism (Note: Mandatory when policyholder elects TRIA coverage)	DNA-23708 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Policyholder Disclosure Notice Of Terrorism Insurance Coverage (Note: Mandatory when policyholder rejects TRIA coverage)	TRIA15c (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TRIA15a (04/06)	

04	Exclusion Of Certified Acts Of Terrorism (Note: Mandatory when policyholder rejects TRIA coverage)	DNA-23709 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	DNA-18353 (05/05)	
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To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.


Signature

____ Renice Cox _____
Print Name:

____ Regulatory Specialist ____
Title:



ace ina

ACE INA Group 215-640-4876tel/
Regulatory & Product Line 215-640-4986 fax
Support Services
Routing TL35E www.ace-ina.com
1601 Chestnut Street
Two Liberty Place
Philadelphia, PA 19103

Renice Cox
Regulatory Specialist

February 28, 2008

Department of Insurance

COMPANY NAME
ACE AMERICAN INSURANCE COMPANY

NAIC # **FEIN #**
22667 95-2371728

Commercial Inland Marine
Terrorism Risk Insurance Program Reauthorization Act
Digital DNA Program
Forms Filing
Company Filing #08-CIM-2007555

Dear Commissioner:

ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) and to amend the current terrorism exclusion to apply only to certified acts of terrorism.

Please refer to the Filing Memorandum for further detail.

We intend to implement these changes to policies effective on or after 01/01/2008 or the earliest permissible date.

Please direct questions regarding the contents of this filing to:

John Frame, Compliance Officer
(646) 458-6913 phone
John.frame@ace-ina.com

Please direct questions regarding the construction of the filing to me. We await your favorable response.

Sincerely,

Renice Cox

ACE GROUP OF INSURANCE COMPANIES

ACE American Insurance Company

ACE Digital DNASM Network Risk Insurance Program

Explanatory Memorandum

ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) and to amend the current terrorism exclusion to apply only to certified acts of terrorism.

Forms

TRIA11b (01/08) Disclosure Pursuant To Terrorism Risk Insurance Act

This form is replacing TRIA11a (02/06). It has been revised to include the required disclosure of the existence of the \$100 billion cap on annual aggregate insured losses (insurer share and federal payment combined). The form is mandatory on all policies when a policyholder elects coverage for certified acts of terrorism.

DNA-23708 (01/08) Cap On Losses From Certified Acts Of Terrorism

This is a new form being introduced which: (1) includes the revised definition of a "certified act of terrorism" which eliminates the criterion that the act be committed on behalf of a foreign person or foreign interest, and (2) advises that we will not be liable for the payment of any portion of the amount of aggregate insured losses for certified acts that exceeds \$100 billion. The form is mandatory on all policies when a policyholder elects coverage for certified acts of terrorism.

TRIA15c (01/08) Policyholder Disclosure Notice Of Terrorism Insurance Coverage

This form is replacing TRIA15a (04/06). It has been revised to include the disclosure of the existence of the \$100 billion cap on annual aggregate insured losses (insurer share and federal payment combined). The form is mandatory on all policies when a policyholder rejects coverage for certified acts of terrorism.

DNA-23709 (01/08) Exclusion Of Certified Acts Of Terrorism

This form is replacing Terrorism Exclusion Endorsement DNA-18353 (05/05). The exclusion has been revised to apply only to certified acts of terrorism. The form is mandatory on all policies when a policyholder rejects coverage for certified acts of terrorism.